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WELSH BOARD OF HEALTH
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ANNUAL REPORT

OF THE

Medical Officer of Health

MINISTRY OF HEALTH
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FOR THE

YEAR 1955.

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ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE

YEAR 1955

Chairman : Mr. M. L. Peate, J.P.

Parish :	Members :
Carreghofa	R. W. Lewis
Guilsfield (Without)	J. T. Jones, J. T. Thomas, Wm. Gittins
Garthbeibio	Richard Lewis
Llandrinio	E. Pickstock
Llandysilio	F. R. Thomas
Llanerfyl	E. H. Mills
Llanfair Caereinion	M. L. Peate, R. D. Hughes J.P , I. R. Roberts
Llanfechain	Rev. D. J. C. Jones
Llanfihangel	J. F. Jones
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Llanrhaeadr (Mont)	Simeon Jones
Llansantffraid (Pool)	D. J. Bridge
Llansantffraid (Deytheur)	Glyn Owen
Llanwddyn	T. O. Rickett
Meifod	Simon Meade
Pennant	G. J. Owen, J.P.
Hirnant	D. E. Roberts

Clerk : Glyn Jones

Medical Officer of Health :

JOHN SLEIGH, M.B., Ch.B., D.P.H., (until 30th April, 1955)

I. B. MILLAR, M.D., B.Ch., B.A.O , D.P.H.,
(from 19th December, 1955)

Surveyor and Chief Public Health Inspector :

LL. O. EVANS, Cert. S.I.B., Cert. R.S.I., (Meat and other Foods)

To the Chairman and Members of the Llanfyllin Rural District Council.

Mr. Chairman and Councillors,

I have pleasure in submitting to you the Annual Report on Public Health in the Rural District for the year 1955 as required by Statute.

The Report is drawn up in accordance with the instructions contained in the Welsh Board of Health Circular No. 17/55 (Wales).

For the data relating to water, sewerage, food and housing and other aspects of environmental public health found in sections C D and E of this report and for the compilation of this information I am indebted to your Chief Public Health Inspector.

I am,

Yours faithfully,

I. B. MILLAR.

Medical Officer of Health.

SECTION "A."

General Statistics of the Area.

Area of the District—163,477 Acres.

Registrar General's estimate of the mid 1955 resident Population —9,910.

Number of Inhabited Houses according to Rate Books—3228

Rateable Value—£58,028 (at 1st April 1955)

Sum represented by a Penny Rate—£236

Vital Statistics

POPULATION.

The mid 1955 figure of 9910 is 30 fewer than the mid-1954 estimates.

Live Births

	Male	Female	Total
Legitimate	74	78	152
Illegitimate	1	0	1
Total	75	78	153

Note :- 109 of these births (54 male, 55 female) actually took place outside the district, presumably in hospitals.

Crude Birth Rate : 15.44 births per 1000 total population.
Corrected Birth Rate (for age and sex) : 18.22 per 1000 total poplation (Compared with the provisional figures of 15.0 per 1000 total population for England and Wales in 1955 and 14.9 for Montgomeryshire and 14.86 for Wales).

Still Births

	Male	Female	Total
Legitimate	3	—	3
Illegitimate	—	—	—

Still Birth Rate: 19.23 per 1000 Live and Still Births. (Compared with the provisional figures of 23.2 per 1000 Live and Still Births for England and Wales in 1955 and 26.1 for Montgomeryshire and 28.26 for Wales.)

Infant Mortality

(a) Neonatal (under 4 weeks of age)

Deaths

	Male	Female	Total
Legitimate	3	—	3
Illegitimate	—	—	—

Neonatal Mortality: 19.61 per 1000 Live Births (Compared with a provisional figure of 17.3 for England and Wales in 1955).

(b) Infant Mortality (from 4 weeks of age up to 1 year)

Deaths

	Male	Female	Total
Legitimate	1	—	1
Illegitimate	—	—	—

Infant Mortality for this portion of the year: 6.54 per 1000 Live Births (Compared with a provisional figure of 7.6 for England and Wales in 1955).

(c) Total Infant Mortality Rate.
19.61 plus 6.54 equals 26.15 per 1000 Live Births (Compared with the provisional figures of 24.9 for England and Wales in 1955 and 28.3 for Montgomeryshire and 31.4 for Wales)

(d) **Perinatal Mortality**. 38.5 per 1000 total births (Compared with the provisional figures of 37.4 for England and Wales in 1955 and 42.1 for Montgomeryshire)

The term "perinatal mortality" is being increasingly used in referring to the total loss of infant life before, during and shortly after birth. There is as yet no generally accepted definition of the term, but it is probably most usefully defined as including still births and deaths in the first week of life. To consider these two groups together allows of a better assessment of the problems of causation that are common to both.

Despite great improvements in the general infant mortality and maternal mortality rates, the perinatal mortality rate has fallen only slowly and since 1948 it has been virtually stationary at about 38 per 1000total births in England and Wales. (The average was 39.8 in this district since 1948).

The outstanding problem of perinatal death is premature birth. In England and Wales half of the still births are premature and about a third of the deaths in the first week of life are ascribed to immaturity alone. In this district there have been 70 perinatal deaths during the period 1946-55 [28 (20 male 8 female) still births and 42 (23 male and 19 female) neonatal deaths].

I have been able to trace only a few of the causes of these still births but the following table gives the causes of the 42 neonatal deaths. The causes associated with prematurity were mainly cerebral haemorrhage, atelectasis, asphyxia, cardiac failure, toxaemia and multiple pregnancy.

Cause of Death	Male	Female
Prematurity alone	8 (2)	9 (1)
Prematurity associated with other causes	7	3 (1)
Congenital Malformations (mainly of heart)	3*	3*
Birth Injuries Asphyxia, Atelectasis	4	2
Other Conditions	1	2 (1)
Total	23	19

*One of these deaths was also associated with prematurity

Note : The figures in brackets refer to illegitimate births.

It will be seen that 17 of the 42 deaths were due to immaturity alone and that 29 of the 42 deaths occurred in premature infants (69%). In England and Wales this proportion was between 50 and 66%. Good progress has been made in saving the lives of premature infants but it is at the present time impossible to prevent the occurrence of many premature births owing to the fact that for about half of them, no medical cause can be assigned and the same is largely true for still births. Nevertheless it is true that the still birth rates of unbooked hospital deliveries are extremly high compared with booked deliveries and missed appointments are a fruitful source of subsequent emergencies, and it follows that a good recording system of appointments combined with a determined follow-up of defaulters (by our health visitors) is essential in ante-natal care.

Maternal Mortality. There were no maternal deaths during the year. In order to view this in true perspective however a comparison with England and Wales over a period of years is necessary. The following table gives this comparison which shows a satisfactory rate for the district.

Maternal Mortality Rate (per 1000 total births)

	Year	England & Wales	Llanfyllin R.D.
Average	1925-34	4.17	5.44 (12)
	1935	3.94	—
	1936	3.65	5.7 (1)
	1937	3.13	6.17 (1)
	1938	2.97	11.9 (2)
	1939	2.84	—
	1940	2.68	—
	1941	2.80	5.3 (1)
	1942	2.48	—
	1943	2.29	—
	1944	1.92	5.3 (1)
Average	1935-44	2.87	3.44 (6)
	1945	1.80	—
	1946	1.43	—
	1947	1.17	—
	1948	1.02	5.3 (1)
	1949	.97	—
	1950	.87	—
	1951	.82	—
	1952	.72	—
	1953	.75	—
	1954	.70	—
Average	1945-54	1.03	.53 (1)
	1955	.64	—

Note :- The numbers in brackets refer to actual deaths.

Deaths

	Male	Female	Total
From all causes	60	53	113

Crude death rate: 11.4 deaths per 1000 total population.
Corrected death rate (for age and sex): 10.03 per 1000 total population.
(Compared with the provisional figures of 11.7 for England and Wales for the year 1955 and 12.6 for Montgomeryshire and 13.04 for Wales).

DEATHS BY AGE, CAUSE AND SEX DURING THE YEAR

Cause	Sex	Age Groups										
		under 1 year	10-20	30-40	40-50	50-60	60-70	70-80	80-90	90 or over	Total M	F
Tuberculosis Respiratory	M							1			1	
	F			1								1
Malignant Neoplasm Stomach	M					2	2				4	
Malignant Neoplasm Lung Bronchus	M				1		1				2	
	F					1						1
Malignant Neoplasm Uterus	M											
	F			1								1
Other Malignant and Lymphatic Neoplasms	M					1	1	1	1		4	
	F					1	1	5				7
Leukaemia	M										1*	
Diabetis	F						1					1
Vascular lesions of Nervous System	M					3	1	3			7	
	F					3	5	7	2	1		18
Coronary Disease	M						2				3*	
	F							1	1			2
Hypertension with Heart Disease	M					1					1	
	F						1					1
Other Heart Disease	M					1	1	4	4		10	
	F					1	1	3**	2	1		8
Other Circulatory Disease	M						2	3	1		6	
Influenza	F					1			1			2
Pneumonia	M						1				1	
Bronchitis	M						1	1			2	
	F							1				1
Other diseases of Respiratory System	M						2†				2	
Ulcer of Stomach and duodenum	M							1			1	
Hyperplasia of Prostate	M										1*	
Congenital Malformations	M	2									2	
Other defined and Ill-defined diseases	M	1						1	4		6	
	F						1	2	4	1		8
Motor Vehicle Accidents	M				1						2*	
	F		1									1
All other Accidents	M				1		1***	1			3	
Suicide	F							1				1
Homicide and Operations of War	M				1						1	
Totals	M	4*			4	8	15	16	10		60*	
	F		1	2		7	10	20	10	3		53
Grand Totals		4	1	2	4	15	25	36	20	3	113	

There were no maternal deaths during the year

*In these totals there are deaths which it has not been possible to allocate to age groups.

**One of these also had Bronchitis and another also had Pontine Haemorrhage.

***This man was also found to be suffering from Neoplasm of Stomach.

†One of these had chronic bronchitis with cardiac failure. The other one was similar with asthma in addition.

NOTE.

Three of the four deaths under 1 year occurred under 1 week of age, one due to prematurity and the others to malformation of the heart. The death due to pneumonia was also caused by emphysema of the lungs, hence it is not recorded among the notifications under acute Primary Pneumonia.

COMPARATIVE STATISTICS

Year	Population (Mid-year Estimate)	Birth Rate (Crude)		Death Rate (Crude)		Stillbirth Rate		Perinatal Mortality Rate		Infant Mortality Rate	
1926-30										58.2	67.9
1931-35 (Average)	11726 (1931 Census)	16.8	15.0	13.86	12.0	54.24	40.96			66.2	61.9
1936	11130	14.1	14.8	13.1	12.1	45.7	39.7	80.0	60.8	53.8	58.7
1937	10990	13.7	14.9	14.6	12.4	74.1	39.0	98.8	60.2	46.6	57.7
1938	10830	15.1	15.1	12.7	11.6	29.7	38.3	59.5	58.6	49.1	52.8
1939	10790	16.4	15.0	14.7	12.1	53.2	38.1	64.8	58.5	89.4	50.6
1940	10930	11.8	14.6	16.7	14.3	85.1	37.2	113.4	57.7	54.3	56.8
1941	11460	14.3	14.2	15.1	12.9	52.3	34.8	92.5	54.7	61.9	60.0
1942		15.3	15.8	15.1	11.6	39.0	33.2	50.0	52.1	46.2	50.6
1943		17.1	16.5	11.9	12.1	31.6	30.1	47.4	47.9	32.6	49.1
1944	10470	17.3	17.6	14.1	11.6	37.4	27.6	63.8	44.5	44.2	45.4
1945	10420	18.52	16.1	13.5	11.4	35.0	27.6	60.0	45.2	41.5	46.0
1936-45 (Average)	10877	15.4	15.5	14.1	12.2	48.3	34.6	73.0	54.0	51.9	52.8
1946	10490	15.3	19.1	13.1	11.5	24.4	27.2	36.6	44.3	37.5	42.9
1947	10360	17.7	20.5	13.6	12.0	31.6	24.1	47.4	40.3	32.6	41.4
1948	10344	18.0	17.9	13.8	10.8	5.3	23.2	37.4	38.5	37.6	33.9
1949	10380	17.6	16.7	13.0	11.7	5.4	22.7	43.4	38.0	54.6	32.4
1950	10350	15.2	15.8	12.7	11.6	48.5	22.6	66.6	37.4	44.6	29.6
1951	10150	15.5	15.5	14.1	12.5	—	23.0	25.5	38.2	38.2	29.7
	10307 (1951 Census)										
1952	9987	16.0	15.3	13.2	11.3	18.4	22.7	43.0	37.5	43.8	27.6
1953	9923	17.0	15.5	11.8	11.4	5.9	22.4	29.4	36.9	29.6	26.8
1954	9940	17.5	15.2	10.4	11.3	5.7	23.5	34.3	38.1	40.2	25.4
1955	9910	15.4	15.0	11.4	11.7	19.2	23.2	38.5	37.4	26.1	24.9
1946-55 (Average)	10183	16.5	16.6	12.7	11.6	16.4	23.5	40.9	38.6	38.5	31.5

Note : The Perinatal Mortality Rates prior to 1946 are approximate and are probably minimal

The second set of figures refer to England and Wales.

SECTION "C."

Sanitary Circumstances in the Area.

Water Supplies.

(i) **Quality.**

To report upon the quality of the water supplies in this district it it necessary to distinguish between public supplies and supplies drawn from privately owned sources.

(a) **Public supplies operated by the Council.**

The results of samples of water taken from the various public supplies and examined bacteriologically during 1954 and 1955 are given below. The number of samples classified as unsatisfactory during 1955 was rather greater than the corresponding figure in 1954. On the whole, however, the quality of the various piped supplies operated by the Council is good and in considering the following table it should be borne in mind that more attention is given to those supplies which occasionally give unsatisfactory results than to those which consistently give good results.

Results of Bacteriological Examination of Water Samples from Works Operated by the Council.

Untreated Supplies.

	Highly Satis.	Satisfactory	Suspicious	Unsatis.	Total
1954	48	10	11	7	76
1955	62	10	1	14	87
	110	20	12	21	163

Treated Supplies.

	Highly Satis.	Satisfactory	Suspicious	Unsatis.	Total
1954	61	0	0	1	62
1955	68	1	0	5	74
	129	1	0	6	136

In addition to the 161 samples examined bacteriologically during the year, 21 samples were submitted for chemical analysis by the Public Analyst. All gave satisfactory results.

(b) Private Supplies.

Requests are frequently received for samples of privately owned supplies (mostly shallow wells) to be examined. It has not always been possible to comply with the requests received but nevertheless, in response to such requests, and in other cases where the Public Health Inspectors considered it advisable to do so, a total of 67 samples of private waters were bacteriologically examined during the year and give the following results.

Number of samples found highly satisfactory—40.
,, ,, satisfactory—9.
,, ,, suspicious—1.
,, ,, unsatisfactory—17.
—
67

These results are rather better than those of last year. They are the best indication available of the quality of the private supplies in the district but they may tend to indicate better conditions than actually prevail. Many of the samples have been taken after protective works have been carried out at the various sources, in preparation for a grant-aided farm water scheme or the erection of a new house. In fact, I would expect a higher proportion of private supplies to be unsatisfactory than is indicated by these results.

(ii) Quantity.

The adequacy of the supplies varies considerably between one parish and another, and in no parish is a piped supply of water available to every house. Indeed, the distribution of the houses and, in some cases, their elevation makes it unlikely that they can be supplied from public mains in the foreseeable future. I give below a brief description of the circumstances in various localities at the end of 1955.

(a) Parish of Llanfair Caereinion.

This Parish has the highest population of any in the rural district and contains more houses supplied by water, from the public mains than any other parish. Nevertheless, less than half of the houses in the parish are within reach of watermains. Since 1954, water has been extracted from the River Banwy and an ample supply of wholesome water is assured. The problem which remains, however, is one of distribution.

(b) Parish of Llanfechain.

A new scheme of supply for the village of Llanfechain came into operation during 1953. The source is a well in valley gravel from which, after chlorination, water is pumped to a service reservoir. There is no doubt that the works have greatly improved living conditions in the village and have made possible the erection of a fair sized housing estate and school. A number of agricultural properties are supplied and while the amount of water available is comparatively small, it is unlikely that there will be any shortage of supplies for many years within the area of the distribution system.

(c) Parishes of Llandrinio, Llandysilio, Llansantffraid Deytheur and Llansantffraid Pool.

These parishes are supplied from a spring at Winllan, Llansantffraid augmented by pumping water from a well at Parson's Bridge in the Parish of Llandysilio. This source is referred to in my predecessor's report for the year 1954 which expresses the belief that the yield of the Parson's Bridge well will be sufficient to meet the demands of the area for many years. Unfortuntely, later experience has shown that the well cannot be relied upon during periods of drought and, while no rationing of the supply has been necessary up to date, it is now evident that a new source is necessary to meet the requirements of these parishes in the immediate future.

(d) Parish of Carreghofa.

Part of this Parish is supplied with water by Oswestry R.D.C. but the distribution system is inadequate and new works of water supply are urgently needed to meet the needs of the parish as a whole, including two housing estates owned by the Council.

(e) Parishes of Garthbeibio and Llangadfan.

These parishes contain the villages of Foel and Llangadfan, both of which are supplied from a source at the Foel. Further development of these villages cannot take place without endangering the adequacy of the supply.

(f) Parish of Llanfihangel.

The hamlet of Llanfihangel is a comparatively small one of less than a dozen houses- It has no public piped supply and most of the houses are dependent upon a privately owned supply which is inadequate for the needs of the hamlet. Better provision for the hamlet is needed, but owing to the elevation of the locality, I nnderstand that it is difficult to provide it with a supply of water at reasonable expense.

(g) Village of Pontrobert.

There is no public piped supply in this village and the provision of a suitable supply is an urgent necessity. I am glad to know that the Council are endeavouring to make proper provision for the village.

(h) Parish of Meifod.

The village of Meifod is adequately supplied and the distribution system was extended during 1954. Nevertheless, much of the parish has no public supply.

(i) Parish of Pennant.

The present needs of the village of Penybontfawr are catered for by the existing scheme, but additional houses cannot safely be erected nor a sewerage scheme embarked upon until the supply is augmented.

I understand that the Council are considering augmenting the supply from the Liverpool Corporation aqueduct which passes close to the village.

(j) Generally.

Much of the district remains without a public piped supply of water and because of the sparsely populated nature of the district it will no doubt require very considerable expenditure to provide a comprehensive distribution system.

At least one source, i.e at Llanfair, is capable of further development but it seems quite clear that an additional source or sources will have to be found before the district as a whole can be adequately supplied.

(iii) Plumbo-Solvent Action.

I would not expect any of the piped supplies controlled by the Council to have a marked aggressive action on metals. In two cases, the water is passed through a contact chamber of limestone chippings to counteract any acidity in the water.

(iv) Action in respect of Contamination.

No specific action was taken in respect of any form of contamination other than proper supervision of the various sources and the routine chlorination of supplies where necessary.

(v) Dwelling Houses supplied from Public Mains.

The following table gives the number of dwelling houses and he estimated population supplied from public water mains directly into the houses or by means of standpipes.

Parish.	Supply laid on to dwellings or curtilage.		Supply by Standpipe.	
	Number of Dwellings	Approx. Population	Number of Dwellings	Approx. Population
	Works controlled by Council.			
Meifod ...	54	162	33	99
Llanerfyl ...	29	87	16	48
Llansantffraid Pool	134	402	15	45
Pennant ...	35	105	20	60
Llangynog ...	31	93	50	150
Llangadfan ...	22	66	18	54
Llanfair Caereinion ...	155	465	65	195
Llanfihangel including Dolanog Village ...	16	48	—	—
Garthbeibio ...	—	—	1	3
Llangyniew ...	—	—	—	—
Hirnant ...	—	—	—	—
Llandysilio ...	31	93	—	—
Llandrinio ...	10	30	—	—
Llanfechain ...	70	210	—	—
Llansantffraid Deytheur	19	57	—	—
Guilsfield (Without) ...	—	—	—	—
Llanrhaeadr ...	55	165	3	9
	Works not controlled by Council.			
Llanfihangel ...	3	—	7	—
Llanwddyn ...	94	376	—	—
Carreghofa ...	50	200	2	7
Hirnant ...	2	8	—	—
Llangynog ...	2	7	—	—

Drainage and Sewerage.

The need for sewering the various villages in the District has been pointed out in previous Annual Reports of the Council's Medical Officer. It is pleasing to be able to report some progress.

The first village sewerage scheme was completed in Llanrhaeadr during 1954 and during 1955 the second Sewerage scheme has been completed in Llansantffraid. Both works have greatly improved the the sanitary condition of the two villages and have made possible improvements to many houses in the village, which had previously been without bathrooms and drainage systems.

Possibly the village which requires sewering more than any other in the District is Llanfair Caereinion, and I am glad to know that work on such a scheme is in progress.

Sewerage schemes are urgently required in several other villages, and I am glad to know that the Council are endeavouring to meet the need.

Closet Accommodation.

In this District closet accommodation does not vary substantially from one year to another, except when new village sewerage schemes are brought into operation During 1955, 73 conversions of pail closets were carried out at Llansantffraid.

On the basis of a survey carried out in six parishes, I estimate the number of pail closets and privies in the District to be 2,657.

Public Cleansing.

There has been little change in arrangements for house refuse collection during the year. Most of the villages and hamlets in the District are now scavenged by the Council either through their own contractors or by arrangements with an adjoining Authority.

Although the present arrangements are fairly comprehensive in that they cater for most groups of houses, there still remains a comparatively large number of houses so situated that it is almost impossible to extend the service to them. The cost of scavenging during the financial year ended March 1955 was £1,990. It remains a matter for the Council to consider whether an increased expenditure can be justified and some of the more remotely situated houses included in the service.

Sanitary Inspections.

During the year the Sanitary Inspectors carried out the following inspections :—

Public Health	37
Water Supplies	100
Drainage	102
Complaints	17
Food and Drugs	311
Factories	4
Infectious Disease	3
Housing Inspections	216
Rural Housing Survey	104

As a result of the above inspections the following notices were served, with the result indicated.

	Informal	Statutory	Complied with
Public Health Act 1936	17	5	18
Food and Drugs Act 1938	2	—	2

Shops and Offices.

It was not necessary to take any action during the year.

Camping Sites.

There are no licensed camping sites in the District.

Smoke Abatement.

No action necessary during the year.

Swimming Baths and Pools.

There are no swimming baths or pools in the District.

Eradication of Bed Bugs.

One house was fumigated during the year for the eradication of bed bugs.

Section "D"

Factories Acts 1937 and 1948.

PART I OF THE ACT

1.—**Inspections** for purposes of provisions as to health (including inspections made by Sanitary Inspectors)

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written notices (4)	Occupier prosecuted (5)
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	5			
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	23	4		
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)....	3			
TOTAL	31	4		

2.—The inspections made did not disclose any defects.

Outworkers

There are no outworkers in the District and therefore no statistics relating to Part VIII of the Act are included in this report.

Section "E"

Food

(1) There are in the District the following numbers of premises where food is prepared, sold or stored :—

Bakehouses -	7
Butcher's Shops -	10
Fried Fish and Chip Shops	3
General Provision Stores	52
Greengrocer's Shops	1
Cafes -	5
Licensed Premises -	29
Ice Cream manufactory	1
Cheese manufactory -	1
Confectioner's Shop -	3

(2) Section 14 of the Food and Drugs Act requires the registration of all premises used for the manufacture or sale of ice cream or the preparation or manufacture of sausages or potted, pressed, pickled or preserved food intended for sale. The following numbers of premises are so registered :—

For the manufacture of ice cream—1
For the sale of ice cream—25
For the manufacture of sausages—3

There are no dairies registered by this Council under the Milk and Dairies Regulations 1949, but four dealers with premises outside the District hold supplementary licences from the Council authorising them to sell T.T. and Pasteurised Milk within the district.

(3) The number of inspections of various premises appears earlier in this Report. Of the registered food premises particular attention had to be paid to the one in which ice cream was manufactured for sale. Four samples were taken from this factory, one of which was in Grade II and three in Grade III.

(4) Educational activity in relation to food hygiene was confined to advice and discussion during routine inspection of food premises.

(5) Two slaughterhouses were licensed and meat inspection was carried out at these premises during the year,

The table below gives details of carcases inspected and condemned in whole or in part, during the year.

Carcases Inspected and Condemned

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed	306	2	5	2471	453
Number inspected	306	2	5	2471	453
ALL DISEASES EXCEPT TUBERCULOSIS					
Whole carcases condemned	—	1	1	5	1
Carcases of which some part or organ were condemned	57	—	—	70	9
% of the number inspected affected with disease other than tuberculosis	18.7%	50%	20%	3%	2.2%
TUBERCULOSIS ONLY					
Whole carcases condemned	—	—	—	—	—
Carcases of which some part or organ were condemned			—	—	14
% of the number inspected affected with tuberculosis			—	—	3.09%

CONDEMNATIONS

1 Cow carcase
1 Calf carcase
1 Hindquarter Beef
1 part forequarter Beef
1 part thin flank Beef
2 Bovine Heads
12 Bovine Livers
36 parts Bovine Liver
1 Bovine Udder
4 Bovine Lungs
4 Bovine Plucks
1 Bovine Kidney
1 Bovine Spleen
4 Bovine Skirts
1 Pig Kidney
1 Pig Stomach & Intestines
5 Sheep carcases
1 Side sheep
1 Leg Lamb
26 Sheep Livers
42 parts Sheep Livers
3 Sheep Plucks
1 Pig Carcase
1 Shoulder Pork
1 forequarter Pork
10 Pigs Heads
1 Sows Head
1 Pig Heart
1 Pig Lung
5 Pig Plucks
1 Pig Spleen

Cysticercus Bovis

One lesion which was suspected to be Cysticercus Bovis was found in a carcase, but on examination by the Public Health Laboratory a negative result was obtained.

One case was notified from a slaughterhouse outside the area. An investigation was carried out at the farm from which the animal was sold, but it was impossible to trace the source of infection.

Section "F."

Infectious Disease Control.

There was no unusual outbreak of disease during the year and apart from measles, whooping cough and pneumonia there were only a few scattared cases of other notifiable infections. These three diseases accounted for 143 of the 159 total notifications. It is gratifying to record that no deaths occured among these cases. The death attributed to pneumonia in section A of this report was not a notified case as the pneumonia was not primary.

The following tables give the relevant details.

Tuberculosis			
(a) Pulmonary	4 cases	2 Male	aged 66 and 44
		2 Female	aged 40 and 14
(b) Meningitis	1 case	Female	aged 4½ years
Encephalitis	1 case	Female	aged 14 years
Poliomyelitis	1 case	Male	aged 26 years
Puerperal Pyrexia	1 case	Female	aged 41 years
Erysipelas	4 cases	3 Females	aged 50, 56 and 73
		1 Male	aged 19 years
Scarlet Fever	4 cases	3 Females	aged 4, 6 and 9
		1 Male	aged 25 years
Pneumonia	15 cases		
Whooping Cough	14 cases		
Measles	114 cases		
TOTAL	159 cases		

Pneumonia. 15 cases (8 male 7 female). Seven of these cases occurred at Llanfair Caereinion, two at Llangynog, two at Llanwddyn, two at Meifod, one at Llandrinio and one near Welshpool. The average age of the cases was 55 years apart from a boy aged 12 years and a girl aged 7 years. 7 of the cases occurred in fhe first quarter, 3 in the second, 2 in the third and 3 in the last quarter.

There were no deaths.

Whooping Cough. 14 cases (7 male 7 female) 8 of these cases occurred at Llanymynech 2 families accounting for 5 of them. There were 3 cases at Llanfair Caereinion, 2 in one family, and 1 case each at Llanfechain, Penybont and Llanwddyn.

The average age of the cases was 4.4 years ranging from 2 months up to 11 years.

Age and sex Distribution of Whooping Cough cases

	M.	F.	Total
Under 1 year		1	1
1—2 ,,	1	2	3
2—3 ,,	1	1	2
3—4 ,,			
4—5 ,,		1	1
Total under 5 years	2	5	7

	M.	F.	Total
5—6 ,,	1		1
6—7 ,,	2	1	3
7—8 ,,	1		1
8—9 ,,			
9—10 ,,			
Total 5—10	4	1	5
10—14 ,,	1	1	2
Total	7	7	14

All these cases took place in the first quarter and there were no deaths among them.

Detailed Analysis of Measles Epidemic

				Quarters			
	Male	Female	Total	1st	2nd	3rd	4th
under 1 year	1		1			1	
1—2	3		3	1	2		
2—3	4	3	7	1	1	5	
3—4	7	5	12	2	4	4	2
4—5	6	2	8		3	5	
Total under 5 years	21	10	31	4	10	15	3
5—6	12	9	21	3	4	13	1
6—7	11	6	17		8	8	1
7—8	3	2	5		1	4	
8—9	11	5	16		3	10	3
9—10	2	4	6	1		3	2
Total 5—10 years	39	26	65	4	16	38	7
10—14	5	6	11			10	1
15—24	1	2	3	1	1	1	
25 years and over	2	1	3		1	2	
Total	68	46*	114	9	28	67*	10

*One of these cases could not be allocated to an age group

These figures all show the effect of urbanisation on the attack rates and the protective effect on the pre-school children of rural isolation. Even at the peak period of the first year of school life the attack rate was only 11.4% compared with 38.6% for Welshpool. There is also the additional factor that Welshpool did not experience a concomitant epidemic of whooping cough during this period as did Llanfyllin Rural District which fact would tend still further to isolate children from the Measles epidemic. Nevertheless the total incidence of these 2 diseases in the Llanfyllin District was still less than half of the Measles incidence in Welshpool.

The main wave of infection occurred in the first quarter in Welshpool but not until the third quarter in Llanfyllin Rural District again betokening the effect of rural isolation.

The districts affected in the first quarter were Guilsfield (one family) and Pool Quay, followed in the second quarter by Llanymynech and Llanfair Caereinion, Meifod and Llanwddyn. Most of the third quarter cases (45) were in the Llanfair Caereinion, Dolanog and Llanfihangel districts the rest being scattered throughout 14 other districts.